

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027599

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 162

Primary Registration District No. 0395

Registrar's No. 92

FILED JUL 20 1962

1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ROCK

Length of stay in 1b

2 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

NEAR BECK MO

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

JEFFERSON

c. CITY
OR
TOWN

NEAR BECK MO

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

ARNOLD RURAL ROUTE

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

HERMAN

Middle

P

Last

COUCH

4. DATE
OF
DEATH

Month

Day

Year

JULY 1 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JAN. 12 1901 61

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

NIGHT WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY

METAL CO

11. BIRTHPLACE (City and state or country)

KENTUCKY

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

JAMES COUCH

13b. MOTHER'S MAIDEN NAME

MINNIE RSTOKES

14. NAME OF HUSBAND OR WIFE

MAGGIE (NEE RAY)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

(If yes, give war or dates of serv

16. INFORMANT

6

MAGGIE COUCH ARNOLD MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

6 weeks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerosis - congestive heart failure

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

nephritis -

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1961

June 28 - 1962

and last saw him alive on June 21 - 1962

Death occurred at

9:15 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Arthur B. Jursky D.O.

(Degree or title)

22b. ADDRESS

303 W. Main - Festus, MO

22c. DATE SIGNED

3 July 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

JULY 4 1962

23c. NAME OF CEMETERY OR CREMATORY

RAUSCHENBACH CEMETERY

23d. LOCATION (City, town, or county)

IMPERIAL MO

24. FUNERAL DIRECTOR

HEILIGTAG

ADDRESS

IMPERIAL MO

25. DATE RECD. BY LOCAL REG.

7-3-62

26. REGISTRAR'S SIGNATURE

Robert E. Bauer

VS JUL 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Elmer Heiligtag

Licensed Embalmer No.

3571

P. O. Address

Imperial MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

7-3-62 Recd